

**NOTICE OF FORM CHANGE NO. 06-027**

DATE

02/23/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE CW 51 (11/04) English and Spanish  
Child Support - Good Cause

ORDER UNIT	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE ENG = .10 set / SP = Master	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/04	REPLACES 7/01	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Form printed: 8 1/2 x 11, 3-part carbon interleaved.

Spanish is Master only.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**COUNTY USE ONLY**

**CHILD SUPPORT — GOOD CAUSE CLAIM FOR NONCOOPERATION**

I do not want to cooperate to establish paternity and to obtain support because it is not in the best interest of the child(ren) for whom aid is requested. Here's why: Check (✓):  
 I expect it to result in increased risk of **harm to the child(ren)**:

- A)  Physical harm
- B)  Sexual harm
- C)  Emotional harm

I do not want to cooperate because:

- D)  The child(ren) was conceived due to incest/rape.
- E)  Increased risk of **domestic abuse**.
- F)  Legal court proceedings are going on for the adoption of the child(ren).

G)  I am working with a public or licensed private adoption agency that is helping me decide whether to keep the child(ren) or to place them for adoption.

H)  I have other credible reason(s) for not cooperating. Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

CARETAKER RELATIVE (IF DIFFERENT) \_\_\_\_\_

RELATIONSHIP TO CHILD(REN) \_\_\_\_\_

NONCUSTODIAL PARENT/ALLEGED FATHER \_\_\_\_\_

NAME OF CHILD(REN) OF NONCUSTODIAL PARENT/ALLEGED FATHER \_\_\_\_\_

**CERTIFICATION**

I want to claim Good Cause for refusing to cooperate for the reasons checked above. I understand I may be asked to prove that I have Good Cause for refusing to cooperate.  
**I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained on this report are true, correct, and complete.**

SIGNATURE OF APPLICANT OR RECIPIENT \_\_\_\_\_

DATE \_\_\_\_\_

**EVIDENCE PROVIDED**

- No investigation
- No evidence provided
- Birth certificate
- Medical records
- Court documents
- Social agency letter
- Mental health professional letter
- Sworn statement
- Other

**CLAIM DETERMINATION - COUNTY USE ONLY**

- The child welfare department has determined that it is not in the child's best interest to refer the case to child support per California Code of Regulations 31-503 as it would pose a barrier to the parents' ability to meet at least one of the following:
  - Reunification/case plan requirements
  - Current/future financial needs of family
  - Needs of other children in household at risk of removal
- The child welfare department has determined that it is not contrary to the child's best interest to refer the case to child support.

SOCIAL WORKER SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF DETERMINATION \_\_\_\_\_

TO: **LOCAL CHILD SUPPORT AGENCY** THIS CLAIM IS FOR  CHILD SUPPORT  MEDICAL SUPPORT

- GOOD CAUSE EXISTS AND IS BASED ON: (✓)
- A  Increased risk of **physical harm** to child(ren)
  - B  Increased risk of **sexual harm** to child(ren)
  - C  Increased risk of **emotional harm** to child(ren)
  - D  Incest or rape
  - E  Increased risk of **domestic abuse** to parent/caretaker
  - F  Legal adoption before the court
  - G  Preadoptive services
  - H  Other credible reason(s) for not cooperating

Explain good cause:

1. Request for Good Cause has been denied.  
Give reasons: \_\_\_\_\_
2. Was determination based on physical harm without evidence?  YES  NO
3. Was determination based solely on examination of evidence without investigation?  YES  NO
4. May enforcement proceed without applicant/recipient participation?  YES  NO

CWD REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

WORKER NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF DECISION \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE OF DECISION \_\_\_\_\_

**MANTENIMIENTO DE HIJOS — PETICION PARA NO COOPERAR DEBIDO A UN MOTIVO JUSTIFICADO**

No quiero cooperar para establecer la paternidad ni para obtener mantenimiento porque no es lo mejor para el niño (o niños) para el cual se solicita la asistencia.

La razón es la siguiente: Marque (✓):

Creo que resultará en un aumento en el riesgo de **daño al niño (o niños):**

- A)  Daño físico
- B)  Daño sexual
- C)  Daño emocional

No quiero cooperar porque:

- D)  La concepción de este niño (o niños) fue debido a incesto/violación.
- E)  Habría un aumento en el riesgo de **abuso doméstico**.
- F)  Trámites legales de la corte están en proceso para la adopción del niño (o niños).

G)  Estoy trabajando con una oficina de adopciones pública o una agencia de adopciones privada con licencia la cual me está ayudando a decidir si el niño (o niños) debe quedarse conmigo o si debo colocarlo en adopción.

H)  Tengo otro motivo (o motivos) creible para no cooperar. Explique: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

CARETAKER RELATIVE (IF DIFFERENT) \_\_\_\_\_

RELATIONSHIP TO CHILD(REN) \_\_\_\_\_

NONCUSTODIAL PARENT/ALLEGED FATHER \_\_\_\_\_

NAME OF CHILD(REN) OF NONCUSTODIAL PARENT/ALLEGED FATHER \_\_\_\_\_

**CERTIFICACION**

Quiero declarar que tengo un motivo justificado para rehusarme a cooperar debido a las razones indicadas en la parte superior de este formulario. Entiendo que es posible que me pidan que compruebe que tengo un motivo justificado para rehusarme a cooperar.

**Declaro bajo pena de perjurio, bajo las leyes de los Estados Unidos de América y del Estado de California, que los datos que contiene este reporte son verdaderos, correctos, y completos.**

FIRMA DEL SOLICITANTE O BENEFICIARIO

FECHA

**EVIDENCE PROVIDED**

- No investigation
- No evidence provided
- Birth certificate
- Medical records
- Court documents
- Social agency letter
- Mental health professional letter
- Sworn statement
- Other

**DETERMINACION DE LA PETICION - SOLO PARA USO DEL CONDADO**

- The child welfare department has determined that it is not in the child's best interest to refer the case to child support per California Code of Regulations 31-503 as it would pose a barrier to the parents' ability to meet at least one of the following:
  - Reunification/case plan requirements
  - Current/future financial needs of family
  - Needs of other children in household at risk of removal

- The child welfare department has determined that it is not contrary to the child's best interest to refer the case to child support.

SOCIAL WORKER SIGNATURE

PHONE NUMBER

DATE OF DETERMINATION

TO: **LOCAL CHILD SUPPORT AGENCY** THIS CLAIM IS FOR  CHILD SUPPORT  MEDICAL SUPPORT

GOOD CAUSE EXISTS AND IS BASED ON: (✓)

- A)  Increased risk of **physical harm** to child(ren)
- B)  Increased risk of **sexual harm** to child(ren)
- C)  Increased risk of **emotional harm** to child(ren)
- D)  Incest or rape
- E)  Increased risk of **domestic abuse** to parent/caretaker
- F)  Legal adoption before the court
- G)  Preadoptive services
- H)  Other credible reason(s) for not cooperating

Explain good cause:

1. Request for Good Cause has been denied.  
Give reasons: \_\_\_\_\_

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2. Was determination based on physical harm without evidence?  YES  NO

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3. Was determination based solely on examination of evidence without investigation?  YES  NO

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4. May enforcement proceed without applicant/recipient participation?  YES  NO

CWD REPRESENTATIVE'S SIGNATURE

WORKER NUMBER

PHONE NUMBER

DATE OF DECISION

SUPERVISOR'S SIGNATURE

DATE OF DECISION